



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes /Updates:

No. 98-05

Date 5/23/98

Re: Responsibilities of
EMS Providers &
Coordination of
EMS Resources

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**DEFINITION OF RESPONSIBILITIES OF PREHOSPITAL PATIENT CARE PROVIDERS
AND THE COORDINATION OF EMS RESOURCES AT A SCENE**

INTRODUCTION:

The purpose of this policy statement is to provide for the best possible patient care by:

- Identifying the statutory and medical-legal authority and responsibilities of NYS certified emergency medical services personnel who respond to situations where a sick or injured patient may be encountered. These situations include requests for medical assistance as well as motor vehicle accidents, fires, hazardous materials incidents and other circumstances where patient care is or may be required.
- Identifying the statutory authority and responsibilities of EMS services certified or otherwise authorized pursuant to Public Health Law (PHL).
- Defining the responsibilities of individuals certified as care providers (CFR, EMT, AEMT) pursuant to the provisions of the PHL.
- Establishing guidelines for local Regional Emergency Medical Advisory Committee's (REMAC) to use in the development of Triage, Treatment, Transportation and other protocols, consistent with State Emergency Medical Advisory Committee (SEMAC) standards, which:
 - a) define the responsibility of individuals providing or directing patient care
 - b) define the responsibility of responding EMS services, and
 - c) provide for the coordination of prehospital EMS resources in a region.
- Providing guidelines and setting expectations for the management of patient care and the coordination of EMS resources in situations which are not purely a medical response, and/or where more than one public safety agency with jurisdiction has responsibility.
- Defining the role and use of the Incident Command System, including the use of "Unified Command" concepts and operations.
- Providing a framework for the effective and non-confrontational management of any type of emergency situation.

STATUTORY AUTHORITY and BACKGROUND

Several NYS statutes provide public safety agencies and their personnel with the authority to conduct operations consistent with their responsibility to protect their citizens. These include providing services at and managing emergency conditions which may effect the health, safety or welfare of individuals and communities.

New York State statutes which define the responsibilities of public safety responders (police, fire and EMS) include the Public Health Law, General Municipal Law, County Law, Town Law, Village Law, Education Law, Penal Law and Criminal Procedures Law^R.

These statutes have been extensively reviewed to determine the actual authorities, powers, duties and responsibilities of the agencies and individuals who may respond to prehospital EMS situations. *This research, concludes that the only individual in charge of patient care in the prehospital setting is the NYS certified patient care provider. Specific authority is also identified for the provision of medical control and the responsibility of ambulance and ALS First Response Services to a patient.* Additionally, while Education Law defines the scope of and authorizes the practice of medicine in general, it does not provide for or define patient care in the prehospital setting.

These statutes, which describe arrest powers for peace/police officers and the responsibilities of a fire chief during the response to a fire or explosion were adopted prior to EMS gaining formal recognition as an emergency response provider. The statutes are vague in detail and do not specifically address the responsibilities for providing patient care. *In the absence of other controlling statutes, Public Health Law, therefore, takes precedence in regard to the provision of prehospital emergency medical care.*

NYS statutes do not obligate an individual citizen, regardless of training, to respond to a situation or provide care unless there is a formal duty by job description or role expectation. Such a duty to act arises from participation with an agency having jurisdiction.

PROVIDING PATIENT CARE

The provision of patient care is a responsibility given to certified and/or licensed individuals who have completed a medical training and evaluation program specified by the NYS Public Health or Education Laws and related regulations or policy. Prehospital certified providers (CFR, EMT, AEMT) are required to practice to the standards of the certifying agency (DOH) and the medical protocols authorized by the SEMAC and local REMACs. Additionally, responsibility is placed on authorized EMS

agencies (Registered or Certified Ambulance, ALSFR) to insure their personnel provide care according to established standards and protocols.

Patient care takes place in many settings, some of which are hazardous or dangerous. Circumstances and the use of specialized equipment for extrication, disentanglement, decontamination, etc. can directly effect patient care and patient outcomes. The equipment and techniques used are the responsibility of locally designated, specially trained and qualified personnel. Emergency incident scenes may be under the control of designated incident commanders who are not emergency care providers. These individuals are generally responsible for scene administration, safe entry to a scene or decontamination of patients or responders. When access to a patient is restricted because of safety concerns or other limitations, *medical direction of patient care by certified EMS personnel is essential*. This can be provided by trained responders using appropriate personal protective equipment *or* by communicating instructions to those responders moving or extricating the patient.

STATEMENT OF POLICY

Pursuant to the provisions of Public Health Law, the individual having the highest level of prehospital certification and who is responding with authority¹, “has a duty to act” and therefore is responsible² for providing and/or directing emergency medical care and the transportation of a patient. Such care and direction shall be in accordance with all NYS standards of training, applicable State and Regional protocols and may be provided under direct medical control.

GUIDELINE FOR THE CONSTRUCTION OF REGIONAL PROTOCOLS

Rationale:

The REMAC is the local authority for prehospital patient care. Pursuant to PHL Section 3004-a, the REMAC “shall develop policies, procedures, and triage, treatment, and transportation protocols which address specific local conditions.” Protocols constructed in accordance with this policy will be restricted to medical care provided by, or directed by, Certified or Licensed medical personnel providing patient care in the prehospital setting. It is recognized that patient

¹ Certified persons have NO authority or responsibility to respond independently. In NY there is no duty to act as an individual citizen, regardless of certification or licensure. Individuals may respond only as a part of an authorized agency's response system and within an EMS system.

² Having an obligation, Webster's II New Riverside Dictionary, 1984

care may be provided in a variety of hazardous conditions and that overall scene command is the responsibility of locally designated officials (Police, Fire, Health, Municipal, etc.). The determination of overall responsibility is usually made by existing plans and/or the nature of the incident. It is also understood that all responders to an emergency situation bear a formal duty to the patient. The EMS System or EMS agency of jurisdiction is solely responsible for emergency medical care and the transportation of any patient, while overall scene command and administration is the responsibility of the locally designated agency and/or official.

Any protocol developed by a REMAC in accordance with this policy, needs to receive input from, and should have consensus agreement by, the public safety agencies in that Region. Development in this manner will permit the protocol to be recognized as the authoritative source for identifying the responsible patient care provider and will permit the development of appropriate inter-agency agreements, understandings and training.

Regional protocol content:

Regional protocols addressing the provision of patient care and the coordination of prehospital resources should:

- Be consistent with SEMAC standards and this policy
- Identify agencies authorized as EMS providers
- Open with a statement of authority; e.g. Pursuant to Article 3004-A, the REMAC shall develop policies, procedures, and triage, treatment and transportation protocols ... etc.
- Recognize that a locally designated official may be in charge of overall scene command and administration and is responsible for the safety of all personnel
- Address patient care responsibilities *only* and define:
 - * Who is in charge when two or more EMS providers with the same level of certification, from one or more agencies, are operating at the same scene
 - * Who is in charge when two or more EMS agencies with jurisdiction are operating at the same scene
 - * The transfer of patient care between two certified providers:

BLS FR	==>>	ALSFR or ambulance
BLS	==>>	ALS
ALS	==>>	BLS
ALS	==>>	higher ALS
ALSFR	==>>	ambulance

* Role and responsibility of physicians, nurses and other licensed medical personnel on a scene

- Identify all other applicable patient care protocols, the NYS Statewide BLS and any State or Regional ALS protocols.
- Include authority to request additional specialized EMS resources (e.g. air medical) with appropriate coordination.
- Include authority to determine transportation requirements and hospital or alternate destinations in accordance with applicable protocols
- Require visual identification for EMS providers
- Require proper documentation of patient care
- Specify any medical control
- Include any and all applicable policies or procedures unique to the Region
- Specify any quality improvement or incident review procedures

THE ROLE and USE OF INCIDENT COMMAND

The Governor's Executive Order No. 26, of March 5, 1996^R, establishes the National Interagency Incident Management System (NIIMS)^R as the standard command and control system for emergency operations in New York State. The Incident Command System (ICS) does not define who is in charge, rather it defines an operational framework to manage many types of emergency situations. One essential component of ICS is Unified Command. Unified Command is used to manage situations involving multiple jurisdictions, multiple agencies or multiple technical needs. The principles of Unified Command apply equally to single vehicle MVA's or large scale incidents. The specific issues of the direction and provision of patient care and the associated communications among responders must be integrated into each single or unified command structure and be assigned to the appropriately trained personnel to carry out.

This policy supports ICS and provides for the best patient care within the practices of a well functioning ICS system. ICS and unified command should be used in circumstances of multiple agencies and/or jurisdictions to insure the best provision of patient care and the most effective coordination of resources.

REFERENCES

Governor of N.Y., Executive Order 26, of March 5, 1996

National Interagency Incident Management System,
Incident Command Training Curriculum

NYS Association of Fire Chief's, Fire Chief's Handbook 1997 Ed.

N.Y.S. Attorney Generals Informal Opinion 83-6

Statutory References

Public Health Law, Article 30

10NYCRR800, State EMS Code

General Municipal Law 176a, 204b, 209

Education Law 6902

Criminal Procedures Law 1.2, 2.1, 2.2, 140, 150

NY Attorney General Opinion 81-106, 83-6

NY Town Law 158

NY Village Law 8-802, 10-1018

Public Officers Law 46

Executive Law 223

This policy statement of the Bureau of EMS has been developed in cooperation with the State Emergency Medical Services Council, State Emergency Medical Advisory Committee and has been reviewed and approved by the N.Y.S. Office of Fire Prevention and Control.

Issued by:

John J. Clair,
Associate director - Operations

Authorized by:

Edward G. Wronski,
Director